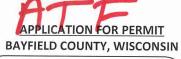
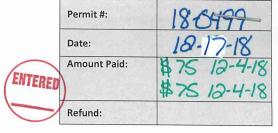
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** 

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138







INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

Bayfield Co. Zoning Dept

DO NOT START CONS	STRUCTION	UNTIL ALL PE	KIVII I S HA	AVE BEEN ISSUE	LD TO AFF	LICANT.		FILL OU	T IN IN	IK ( <mark>NO F</mark>	'ENCIL)	
TYPE OF PERMIT F	REQUESTE	D→ [	LAND		ANITAR		CONDITIONA	AL USE   SPECIAL	USE	□ B.O.	A. 🗆 C	OTHER
Owner's Name:  Address of Property	A W	cho	ME	eryner		ng Address: Per 1565		/State/Zip: AVNOS WI. 9	149	13	Telephon	e: 95-3440
Address of Property	:	Cric		11000		State/Zip:	0, 100	.,,,,	10	1 -	Cell Phon	e:
51565 P	paco.	RI				mes w	Ellas	7				
Contractor:	U43 U	7101					Plumber:	3			Plumber I	Phone:
Authorized Agent: (	Person Signin	ng Application	on behalf	of Owner(s))	_	t Phone:	Agent Mailing Ad	Idress (include City/State	e/Zip):			Authorization
					_				$\overline{}$		Attached  ☐ Yes	
PROJECT LOCATION	Legal De	escription:	(Use Ta	x Statement)	Tax II	1171			Reco	orded Docu	ment: (Sho	wing Ownership) -01-2-04-000
OF A	1111	Go	v't Lot	Lot(s)	CSM	Vol & Page CSI	VI Doc# Lot(	s) No. Block(s) No.	450156	ivision: /	5'0000	004-1038
SE_1/4, 1		5.0			309						020	
Section _ O	, Towns	ship <u>4/2</u>	∠ N, Ra	inge <u>09</u>	w	Town of: Bari	ves		Lot S	iize	Acreag	e 0 /
				300 feet of R		eam (incl. Intermittent)	Distance Stru	cture is from Shorelin	e : feet		erty in	Are Wetlands
☐ Shoreland →				•		nd or Flowage	Distance Stu				in Zone? Yes	Present?  Ves
	la is ric	operty/ tarm	u witiiii	1000 leet 01		escontinue	Distance Stru	cture is from Shorelin	e : feet		No	Ø No
Non-Shoreland						N						3 110
a Non-Shoreland												
Value at Time							# of		700			
of Completion					100		bedrooms		nat Ty			Type of Water
* include donated time &		Project		# of Sto	ries	Foundation	in			ry Syster	n	on
material							structure	is on	ine pr	operty?		property
	New	Construct	ion	1-Story		☐ Basement	□ 1	☐ Municipal/City				☐ City
\$	Addit	ion/Alter	ation	☐ 1-Story	+ Loft	☐ Foundation	□ 2	☐ (New) Sanitary	Spec	ify Type: _	Confrey	Mio M Well
10,000		ersion		☐ 2-Story		* Bloc/6	□ 3	☐ Sanitary (Exists	) Spec	ify Type:		
		ate (existing						☐ Privy (Pit) or	☐ Vau	<b>ılted</b> (mir	1 200 galloi	n)
		Business	on			Use	None	☐ Portable (w/ser		ntract)		
	Prope	erty	-			☐ Year Round		☐ Compost Toilet				
	Ш		c				1	□ None				
			- 1									
<b>Existing Structure</b>	e: (if perm	nit being ap	plied for	is relevant to	it)	Length:		Width:		Не	ight:	
<b>Existing Structure</b> Proposed Constru		nit being ap	plied for	is relevant to	it)	Length:		Width:			ight:	
		nit being ap	plied for	is relevant to	it)							
	uction:	nit being app	plied for	is relevant to			ıre		D		ight:	Square
Proposed Constru	uction:	1				Length: Proposed Structu				He	ight:	Square Footage
Proposed Constru	uction:	✓ Prii	ncipal S	tructure (fi	rst struc	Length:  Proposed Structuture on property)			(	He Pimension X	ight:	
Proposed Constru	uction:	✓ Prii	ncipal S		rst struc	Length:  Proposed Structuture on property)			(	He	ight:	
Proposed Constru	e	✓ Prii	ncipal S	Structure (fin	rst struc	Length:  Proposed Structuture on property)			( ( (	He Dimension X X	ight:	
Proposed Constru	e	✓ Prii	ncipal S	structure (fir (i.e. cabin, h with Loft	rst struc	Length:  Proposed Structuture on property)			( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	Herimension X X X	ight:	
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Proposed Construence Proposed Us  Residential  Commercial  I (we) declare that this a (are) responsible for the result of Bayfield County property at any reasonal Owner(s):	Use Use  pplication (includetail and accy relying on the ble time for the ple Owners :	Bui Acc Spe Cor Oth Allisted on the	ncipal S sidence nkhouse bbile Ho dition// cessory cessory ecial Use nditiona ner: (exp currention) ( il (we) am (il il (we) am (il il (sepection).	itructure (fin (i.e. cabin, he with Loft with a Por with (2nd) with a Dec with (2nd) with Attace w/ ( sanitable me (manuface Alteration (Building Adelete (explain) al Use: (explain) al Use: (explain) has be (we) am (are) providing in order providing in order (all Owners mus	rst structured for the structured da (specify) dition/F	Length:  Proposed Structure on property) shack, etc.)  rage  sleeping quarters te)  Alteration (specify  TING CONSTRUCTION ed by me (us) and to the bat it will by relied upon by pplication. I (we) consent  which is the property of authorization of authorization of authorization.	or □ cooking 8  WITHOUT A PERMI est of my (our) knowle Bayfield County in detaction of the county of ficials that	width:  a food prep facilities)  TWILL RESULT IN PENALT ledge and belief it is true, correctermining whether to issue a priged with administering count and the second state of the second	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	Hermension  X  X  X  X  X  X  X  X  X  X  X  X  X	ns ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Footage  432 e that I (we) am which may be a bove described
Proposed Construence Proposed Us  Residential  Commercial  I (we) declare that this at (are) responsible for the result of Bayfield County property at any reasonal Owner(s):  (If there are Multi-	Use Use  pplication (included all and accy relying on the ble time for the ple Owners  (If you:	Bui Bui Acc Spee Cor Oth State uluding any accouracy of all information in e purpose of in a p	ncipal S sidence nkhouse obile Ho dition// cessory ecial Use nditiona ner: (exp companying or primation I (I (we) am (a spection.	itructure (fin (i.e. cabin, he with Loft with a Por with (2nd) with a Dec with (2nd) with Attace w/ ( sanithorne (manufact Alteration (Building Additional Society) (explain) (Building Additional Use: (explain) (expla	rst structhunting structher characteristics are considered from the construction of th	Length:  Proposed Structure on property) shack, etc.)  rage sleeping quarters, te)  Alteration (specify  STOTELLS  TING CONSTRUCTION ed by me (us) and to the bat it will be relied upon by application. I (we) consent  While the consent of the cons	WITHOUT A PERMI  est of my (our) knowle  to county officials has  ion must accompa	width:  a food prep facilities)  TWILL RESULT IN PENALT ledge and belief it is true, correctermining whether to issue a priged with administering count and the second state of the second	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	Hermonicol X X X X X X X X X X X X X X X X X X X	ns ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Footage  432  e that I (we) am which may be a above described

Description	Measuremen	nt	Description	Measurement
Setback from the Centerline of Platted Road		Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	Feet
610 Ease mean T			Setback from the Bank or Bluff	Feet
Setback from the <b>North</b> Lot Line	186	Feet		
Setback from the <b>South</b> Lot Line	121	Feet	Sethack from Wetland	Feet
Setback from the <b>West</b> Lot Line	5801	Feet	20% Slope Area on the property	☐ Yes ☐ No
Setback from the <b>East</b> Lot Line	301	Feet	Elevation of Floodplain	Feet
Setback to <b>Septic Tank</b> or <b>Holding Tank</b>	122'	Feet	Setback to Well	BO' Feet
Setback to <b>Drain Field</b>	125	Feet		
Setback to <b>Privy</b> (Portable, Composting)		Feet	se boundary line from which the setback must be measured must be visible from on	

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town. Village, City. State or Federal agencies may also require permits.

	The local To	wii, village, City, State of 1	caciai againina ina,	- Aller and Alle			
Issuance Information (Cour	nty Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:					
Permit #: 18-0499		Permit Date: 12-17	7-18				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	☐ Yes (Deed of Record ☐ Yes (Fused/Contigue) ☐ Yes	uous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes   ☐ No ☐ Yes   ☐ No	Affidavit Required Affidavit Attached		No No
Granted by Variance (B.O.A.)  Granted by Variance (B.O.A.)	ase #:		Previously Granted b	y Variance (B.O.A.)  Case	e #:		
Was Parcel Legally C Was Proposed Building Site Delii			Were Property Lin	es Represented by Owner Was Property Surveyed			□ No □ No
Inspection Record. Existing	shed place	d Too close To	o projerty 1,	ne-votantary	Zoning District Lakes Classification		)
Date of Inspection: 12/11/	18	Inspected by:			Date of Re-Inspe	ction:	
Condition(s): Town, Committee or	r Board Conditions Att	ached?	No they need to be att	ached.)			
Signature of Inspector:	hab and	dition: No accessory buildir itation / sleeping purposes UDC permits. No pressuri ding unless approved conner maintain setbacks.	without necessary cour zed water shall enter to ction to POWTS. Must me present the structure	nty the eet.	Date of Appr	1/1/20 oval: //g	»/ <del>9</del>

village, State or Federal y Also Be Required after-the-Fact NO USE - X ANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# **BAYFIELD COUNTY** PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0499 No. Issued To: Roger & Charlene Meixner Location: 1/4 of -Section Township Range 9 Town of **Barnes** Gov't Lot Lot Block Subdivision CSM# 309 For: Residential Accessory Structure: [ 1- Story; Shed (12' x 36') = 432 sq. ft. ] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler** 

Authorized Issuing Official

**December 17, 2018** 

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138

### APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) DEC 0 6 2018

	Permit #:	18-0805
ENTERED	Date:	12-20-18
- LEWED	Amount Paid:	\$75 12-7-18
	Refund:	

Checks are made pay	yable to: B	ayfield C	County Zoning	Department.	TO APP	ayfield Co. Zonia	g Dept	416	EIII OII	T IN INK	(NO PI	NCII.)		
						- / (	// -	HI						
TYPE OF PERMIT I Owner's Name:	KEQUEST	IFD—	) LANI	O USE SA	NITAR	Y PRIVY D	CONDITIONA	AL USI /State		USE	□ B.O.A		OTHER	
	- 1	( i	ΛΛ (	D				- 4		-17-7		Telephor	ie:	
Address of Property		th	Mchi	cod	こうで City/	3 Alder Lu State/Zip:	iue E	SKI	MN 55	1/3	3	Cell Phor	ne: (218	3)
2110 50	ath	Sho	are Ri	sad	B	arnes ti	JI 54	18	73			3/0-	2008	
Contractor:	Inclu	امر	Jen ()	(715)	Cont		Plumber:	0				Plumber		
Authorized Agent: (	(Person Sign	ning Appl	ication on behal			t Phone:	Agent Mailing Ad	dress	include City/State	/Zi6):1.	. 6:01	Written	Authorization	
Milia	Fin	+	6	(715)	41	7-20341			101		34847	Attached	on fi	
PROJECT	101	100		(10)	Tax II		0173 40	011	akeRa				□ <b>No</b> wing Ownersh	nin)
LOCATION	Legal	Descrip	tion: (Use T	ax Statement)		2223				_8	32		199	
1/4,	1	./4	Gov't Lot	Lot(s)	CSM	4	Doc# Lot(	s) No.	Block(s) No.	Subdi	vision:			
2			1111	0		5, 232-33 Town of:_				Lot Siz	70	Acrea	70	
Section <u>20</u>	, Towi	nship _	44_ N, R	ange \	N	Bari	res			Local			212	
	☐ Is P	roperty	//Land within	n 300 feet of Riv	er, Stre	eam (incl. Intermittent)	Distance Stru	ıcture	is from Shorelin	e:	Is Prope	arty in	Are Wetlan	nds
X Shoreland →				of Floodplain?		escontinue —>	)		:	feet	Floodplai	n Zone?	Present	?
	≸Is P	roperty	/Land withir	n 1000 feet of La		nd or Flowage	Distance Stru	icture	is from Shorelin	e: feet	<u>/</u> XY		XYes □ No	
☐ Non-Shoreland					y	escontinue				eet		10	□ NO	
Non-Snoreland				*										
Value at Time	THE	-					# of		1	10,214			Typo	of.
of Completion * include		Proje	ct	# of Storio	0.0	Foundation	bedrooms			at Typ			Type Wat	
donated time &		rioje	Ct	# 01 3(011)	es	roundation	in				y System perty?		on	
material							structure						prope	
			ruction Alteration	1-Story	l oft	Basement			Municipal/City (New) Sanitary	Cnasif	T	7	☐ Cit	
\$ 14,000	☐ Conv				☐ Foundation ☐ 2 ☐ (New) Sanitary ☐ ☐ ☐ Sanitary (Exists						2 w	911		
1,000			xisting bldg)			Walkout		_	Privy (Pit) or					_
			ness on			Use	□ None		Portable (w/ser				,	
	Prop	erty				Year Round		7.00	Compost Toilet					
					_	L			None					
Existing Structure		mit beir	ng applied fo	r is relevant to it	t)	Length: 45		Wid	441	5	Hei	ght:	34	
Proposed Constru	uction:					Length: 2		Wid	th: / 4		Hei	ght:		
Proposed Us	e	1				Proposed Structu	re			Di	mension	s	Square	
			Principal	Structure (firs	t struc	ture on property)				(	X	)	Footage	
				e (i.e. cabin, hu						(	Х	)		
Ď - · · · · ·				with Loft						(	Χ	)		
Residential	use			with a Porc	_					(	Х	)		
	-			with (2 <sup>nd</sup> ) P						1	X	)		
				with (2 <sup>nd</sup> ) D		A 90	1			(	X	)	2.	
☐ Commercial	Use			with Attach	14.5	rage	f			(	Х	7)		
			Bunkhous	se w/ ( sanita	ry, <u>or</u>	sleeping quarters,	or □ cooking 8	& food	prep facilities)	(	Х	)		
· #				ome (manufact						(	Х	. )		
☐ Municipal U	Isa	X		<b>Alteration</b> (sp		deck, w	1 root	eau	e deck	12:	3 x / 2	1)	32a	
_ Ividilicipal U	.30			<b>Building</b> (sp	3100		tension	1 -	~	(	3 × 23	3.5	70.5	)
			Accessory	Building Add	ition/	Alteration (specify)	step	0		14.5	) x17,1	15)	34.87	15
	-		Special LI	se: (eynlain)						(	X	)	3	
	-		Condition	al Use: (explair	n)					(	X	)		
			Other: (ex		-					(	X	)		
					or STAP	TING CONSTRUCTION V	VITHOLIT A DEDIAL	T \\/!! !	RESULT IN DEMALT	EC.	***	,		
I (we) declare that this ap	oplication (in	ncluding a	ny accompanying	information) has bee	en examir	ned by me (us) and to the boat it will be relied upon by	est of my (our) knowl	ledge an	d belief it is true, corre	ct and con	nplete. I (we)	acknowled	ge that I (we) am	1
result of Bayfield County property at any reasonab	relying on t	this inforn	nation I (we) am	(are) providing in or v	with this a	application. I (we) consent t	o county officials cha	arged wi	th administering count	ermit. I (v y ordinand	ve) further acces to have ac	cept liability	wnich may be a above described	
	vie tillie lot I	rie bulbo	se of mispection.											
Owner(s):						letter(s) of authorizati				Date	·			

Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	
Authorized Agent: Michael dutal	Date 11-29-2618
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	
Address to send permit 6/73 Fron Lake Rd, Fron River, WI	Attach Copy of Tax Statement
If you recently purch	nased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Fill Out in Ink - NO PENCIL

Draw or Sketch your Property (regardless of what you are applying for)

Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (2) Show Location of (\*): (3)(\*) Driveway and (\*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (5) Show: Show any (\*): (6)(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7)Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% See attachment eave extension 3' x 23.5' 44 Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)

Measurement		Description	Measurement
570 Fee	Ċ	Setback from the Lake (ordinary high-water mark)	38 Feet
540 Fee	Ċ	Setback from the River, Stream, Creek	NA Feet
A		Setback from the Bank or Bluff	NA Feet
NA Fee	t i		
500 + Fee	t	Setback from Wetland	23 Feet
230 t Fee	t	20% Slope Area on the property	XYes No
150 + Fee	t	Elevation of Floodplain	Feet
19 Fee	t	Setback to Well	26 Feet
25 Fee	t		0,10
NA Fee	t		
	570 Feet 540 Feet 500 + Feet 230 + Feet 150 + Feet	570 Feet 540 Feet NA Feet 500 + Feet	Setback from the Lake (ordinary high-water mark)  Setback from the River, Stream, Creek  Setback from the Bank or Bluff  NA Feet  Setback from Wetland  230 Feet  Light Feet  Setback from Floodplain  Feet  Setback from Wetland  Setback from Wetland

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:					
Permit#: 18-0505	Permit Date: 12-6	D-18				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  ☐ Yes (Deed of Record ☐ Yes (Fused/Contigu	ous Lot(s)) 🗷 No	Mitigation Required Mitigation Attached	☐ Yes ☑ No ☐ Yes ☑ No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No		
Granted by Variance (B.O.A.)  ☐ Yes ✓ No Case #:		Previously Granted by  See No	y Variance (B.O.A.) Cas	e #:		
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No	ATF	Were Property Lines Represented by Owner  Was Property Surveyed  Yes No				
Inspection Record:				Zoning District (R~/) Lakes Classification (/)		
Date of Inspection:	Inspected by:			Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attac	ched? □ Yes □ No – (If	<u>No</u> they need to be atta	iched.)			
Signature of Inspector:				Date of Approval:		
Hold For Sanitary: 🗆 Hold For TBA: 🗆	Hold For Affic	davit: 🗆	Hold For Fees:			

# City, Village, State or Federal May Also Be Required After-the-Fact

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Timothy & Judith McLeod / Mike Furtak, Agent 18-0505 Issued To: No. Barnes 20 Range 9 W. Town of Location: Township 44 Section  $\frac{1}{4}$  of Being a par in CSM# Gov't Lot Lot 1 Subdivision Block For: Residential Addition / Alteration: [ 1- Story; Deck (23' x 14') = 322 sq. ft.; Roof Extension (3' x 23.5') = 70.5 sq. ft.; Step (4.5' x 7.75') = 34.875]

(Disclaimer): Any future expansions or development would require additional permitting.

## Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Total Overall = 364.375 sq. ft.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

## Tracy Pooler

**Authorized Issuing Official** 

**December 20, 2018** 

# SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138

### **APPLICATION FOR PERMIT** BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0506
Date:	12-20-18
Amount Paid:	\$75 12-7-18
	875 12-7-18
Refund:	

Checks are made pay	yable to:	Bayfield (			PLICANT.	Dept.	150 FILL OU	T IN INK ( <mark>NO PE</mark>	NCIL)	
TYPE OF PERMIT I	REQUES	STED-	LANI	DUSE   SANITAR	RY D PRIVY	CONDITIONA	AL USE   SPECIAL	USE B.O.A	ПО	THER
Owner's Name:					ing Address:		/State/Zip:		Telephon	
Address of Property	<i>/</i> :		McLe	City	8 Alder L State/Zip:		Esko, MN	55733	Cell Phon	·· (218)
211050	oth	Sho	ove Ro	1 E	arnes, W	I 54	873		310.	2008
Contractor:	-		beau	(713) 79	ractor Phone: P	lumber:			Plumber I	
Authorized Agent:	-	gning Appl Tab	,		7-2034 6	gent Mailing Ad 173 Fra	Idress (include City/State	JI54847	Attached Yes	□ No
PROJECT LOCATION	Lega	l Descrip		ax Statement)	2223	3		Recorded Docum	nent: (Sho	wing Ownership)
1/4,			Gov't Lot	Lot(s) CSM	5,232-33		s) No. Block(s) No.	Subdivision:		
Section 20	, Tow	nship _	44 N, R	ange <u> </u>	Town of: Bar	nes		Lot Size	Acreag 7	212
★Shoreland →	Cree			n 300 feet of River, Str f Floodplain? If	eam (incl. Intermittent) yescontinue	Distance Stru	cture is from Shorelin	e : Is Prope feet Floodplair		Are Wetlands Present?
genorioreianu —	Kısı	Property	//Land withir	1000 feet of Lake, Po	nd or Flowage /escontinue —>	Distance Stru	cture is from Shorelin	e:		⊠Yes □ No
☐ Non-Shoreland										
Value at Time of Completion * include donated time &		Proje	ect	# of Stories	Foundation	# of bedrooms in	Sewer/S	nat Type of Sanitary System the property?		Type of Water
material	□ No	w Cons	truction	□¹ 1 Stom	✗ Basement	structure				property
			Alteration	☐ 1-Story  1-Story + Loft	Foundation	□ 1 □ 2	<ul><li>☐ Municipal/City</li><li>☐ (New) Sanitary</li></ul>	Specify Type:	*	☐ City XWell
\$5,000		nversio		2-Story	- Touridation	<b>X</b> 3	Sanitary (Exists	7 1		
3/000			existing bldg)		Walkout			☐ Vaulted (min :	7.00	
	☐ Rur	n a Busi	ness on	ı	Use	□ None	☐ Portable (w/ser			
	Pro	perty					☐ Compost Toilet			
							☐ None			
<b>Existing Structure</b>	: (if pe	rmit bei	ng applied fo	r is relevant to it)	Length: 4	5	Width: 23. 5	Hei	tht:	34
<b>Proposed Constru</b>	uction:		lagar sala		Length: 9,1	5	Width: 6	Hei	ght:	12
Proposed Us	e	1			Proposed Structur	e		Dimension		Square Footage
			Principal :	Structure (first strue	cture on property)			( x	)	rootage
			Residence	e (i.e. cabin, hunting	shack, etc.)			( X	.)	
Residential				with Loft				( X	)	
Residential	use			with a Porch				( x	)	
				with (2 <sup>nd</sup> ) Porch with a Deck				( X	)	
				with (2 <sup>nd</sup> ) Deck				( X	)	
☐ Commercial	Use			with Attached Ga	rage	8		( X	)	A
			Bunkhous	se w/ (□ sanitary, or		or Cooking &	food prep facilities)	( X	)	
			Mobile H	ome (manufactured d	ate)	,		( x	)	
		X	Addition/	'Alteration (specify)	covered	entry	way	19.5 x 6	)	57
☐ Municipal U	se			Building (specify)		-		( x	)	2
			Accessory	Building Addition/	Alteration (specify)			( x	)	
			Special Us	se: (explain)				( X	1	,3.
			Condition	al Use: (explain)			-	( X	)	
								( X	)	
			1				T WILL RESULT IN PENALTI		,	
(are) responsible for the	detail and relying or	accuracy o this inform	ny accompanying f all information I mation I (we) am	g information) has been exami (we) am (are) providing and t	ned by me (us) and to the bes hat it will be relied upon by B	st of my (our) knowle avfield County in de	edge and belief it is true, corre termining whether to issue a p rged with administering count	ct and complete. I (we)	ent liability	which may be a
Owner(s):(If there are Multip	ole Owne	ers listed	on the Deed	<u>All</u> Owners must sign <u>or</u>	letter(s) of authorizatio	n must accompa	any this application)	Date	/ /	

Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	/ / / / / / / / / / / / / / / / / / / /
Authorized Agent: Michael Furtals	Date 11/29/2018
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	
Address to send permit 6173 Fron Lake Rd, Ivon River, WI	Attach Copy of Tax Statement
If you recently purch	acod the property conditions Decarded Dead

Copy of Tax Statement

54847

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE ox below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan Show Location of (\*): (3)(\*) Driveway and (\*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5)Show:  $(*) \ \textbf{Well (W);} \ (*) \ \textbf{Septic Tank (ST);} \ (*) \ \textbf{Drain Field (DF);} \ (*) \ \textbf{Holding Tank (HT)} \ \text{and/or} \ (*) \ \textbf{Privy (P)}$ (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7)Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

35

Measuremen	nt	Description	Measurement
570	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	38 Feet
540	Feet	Setback from the River, Stream, Creek	NA Feet
J		Setback from the Bank or Bluff	A/A Feet
NA	Feet		, • 10
500+	Feet	Setback from <b>Wetland</b>	23 Feet
230+	Feet	20% Slope Area on the property	XYes □ No
150 +	Feet	Elevation of <b>Floodplain</b>	Feet
		7	•
19	Feet	Setback to Well	26 Feet
25	Feet		
NA	Feet		
	500+ 230+ 750+ 19 25 NA	540 Feet  NA Feet  500 + Feet  330 + Feet  19 Feet  25 Feet  NA Feet	Setback from the River, Stream, Creek  Setback from the Bank or Bluff  NA Feet  Setback from Wetland  20% Slope Area on the property  Elevation of Floodplain  Feet  Setback to Well  Feet  Setback to Well

9,5

rior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 18-0506	Permit Date: 12-6	0-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Recor  Yes (Fused/Contigu	ous Lot(s)) 🔲 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:		Previously Granted by  Ves No		e #:
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	
Inspection Record:				Zoning District (R-1) Lakes Classification (1)
Date of Inspection:	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta	ched?	<u>No</u> they need to be atta	ched.)	Date of Approval:
Glader of Hisperior.				Date of Approval:
d For Sanitary: 🛛   Hold For TBA: 🗸	_   Hold For Affidavit:	[   Hold F	For Fees: 🗆	

City, Village, State or Federal Remits May Also Be Required

After-the-Fact

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# **BAYFIELD COUNTY** PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0	0506	İ		Issue	d To: <b>Ti</b> i	mothy	/ & Judith N	/lcLed	od / N	like Fur	tak,	Agen	t		
Location:	-	1/4	of	-	1/4	Section	20	Township	44	N.	Range	9	W.	Town of	Barnes	
Being a p	ar in															
Gov't Lot	4		I	_ot	1	Blo	ck	Su	bdivisio	on				CSM#		
								Covered Er				sq. f	ft.]			

## Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

## **Tracy Pooler**

Authorized Issuing Official

**December 20, 2018** 

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

**APPLICATION FOR PERMIT** ENTERED BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) OCT 3 1 2018

Permit #: Date: **Amount Paid:** Refund:

INSTRUCTIONS: No per	mits will be issued until all fees a	re paid.	Bayfield Co. Zor	ning Dept.	Re	fund:			
	le to: Bayfield County Zoning Dep				, to	6	1		
				- 660	be Trans				
TYPE OF PERMIT R	REQUESTED -   X LANE			CONDITIONA		CIAL USE	☐ B.O.A.	OTI	HER
Owner's Name:	17 h		ng Address:	1	State/Zip:	1 -	2.00	elephone:	7071-1
Limothy	4 JUDITH N	LEOD =	38 Aller	Lare &	25KO, MI	N 55	1.10		792121
Address of Property	) ( , _ ,	City/	State/Zip:				Ce	ell Phone:	
2110 =	5. Shore Kd	, BARNEY F	BARNES	, WI	. 54	87	3 2	1831	0 2008
Contractor:	1 -11	Conti	ractor Phone: P	lumber:	12		PI	umber Ph	one:
Le5	ter Bldg.		280 (783)		117		A		
Authorized Agent: (	Person Signing Application on behal		t Phone: A	gent Mailing Ad	dress (include City/	State/Zip):	XIIIEVI	ritten Aut ttached	horization
Mike turi	tak	(715) 817	7-2034 6	173 Iron	Lakeld,	WIS	4847	Yes 🗆	No
PROJECT	Local Description: /lies T		# (4-5 digits)		•		120		gister of Deeds)
LOCATION	Legal Description: (Use T	ax Statement)	2223			Document	#:000	R	177_
1/4	1/4 Gov't	/	M Vol & Page	Lot(s) No	. Block(s) No.	Subdivision	on:		
1/4, _	1/4	·     /   170	1 5,232 Town of:	-33					
Santian 3	o, Township 44	I, Range 9 W	Town of:			Lot Size		Acreage	20
Section <u>Section</u>	, rownship _ r r	v, kange vv	Be	arnes				4	,.2
Market Street	☐ Is Property/Land within	200 foot of Divon Stud		1	cture is from Sho	rolino .			
	Creek or Landward side of	A THE STEEL CONTRACTOR AND A SECURITION OF THE S	/escontinue>	Distance Stru	cture is from sno	feet	Is Propert		Are Wetlands Present?
✓ Shoreland →	✓ Is Property/Land within			Dictance Stru	cture is from Sho	rolino :	Yes		XYes
	2-13 Property/Land Within		rescontinue		004	feet	□ No		□ No
☐ Non-Shoreland									
- Non-Shoreland									
Value at Time									
of Completion	Project	# of Stories		#		What Ty			
* include		and/or basement	Use	of bedrooms		ver/Sanita on the pr	ry System		Water
donated time & material				bearooms	IS	on the pr	opertyr		
	☐ New Construction		□ Seasonal	□ 1	☐ Municipal/			umber unfahr enter	☐ City
\$ -0	☐ Addition/Alteration	☐ 1-Story + Loft	🔰 Year Round	□ 2	☐ (New) Sani	<b>itary</b> Spec	ify Type:	,	Well
32,000	☐ Conversion	☐ 2-Story		□ 3	💢 Sanitary (E			onv	
	☐ Relocate (existing bldg)	☐ Basement			☐ Privy (Pit)	or 🗌 Va	ulted (min 20	00 gallon)	
	☐ Run a Business on	☐ No Basement		🔀 None	☐ Portable (v		ntract)		
	Property	☐ Foundation			☐ Compost T	oilet			_
			L	L	□ None				
Existing Structur	e: (if permit being applied fo	er is relevant to it)	Length: 70	7	Width: 46	2	Heigl	ht: 2	4
Proposed Constr			Length: 5 4	1	Width: 3 G		Heigh		7
			<u> </u>						
Proposed Us	se 🗸		Proposed Structur	re		1	Dimensions		Square
						11 11 11 11		18 6 8	Footage

Proposed Use	1	Proposed Structure	Dim	ensions		Square Footage
		Principal Structure (first structure on property)	(	Х	)	
		Residence (i.e. cabin, hunting shack, etc.)	(	Х	)	1
·/		with Loft	(	Х	)	
Residential Use		with a Porch	(	Х	)	
		with (2 <sup>nd</sup> ) Porch	(	Х	)	
		with a Deck	(	Х	)	
		with (2 <sup>nd</sup> ) Deck	(	Х	)	
Commercial Use		with Attached Garage	(	X	)	* *
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	(	X	)	-
		Mobile Home (manufactured date)	(	Х	)	
		Addition/Alteration (specify)	(	Х	)	
☐ Municipal Use		Accessory Building (specify)	(	Х	)	
	X	Accessory Building Addition/Alteration (specify)	154	x32	)	1.728
						1,
		Special Use: (explain)	(	Х	)	
		Conditional Use: (explain)	(	Х	)	
		Other: (explain)	(	Х	)	

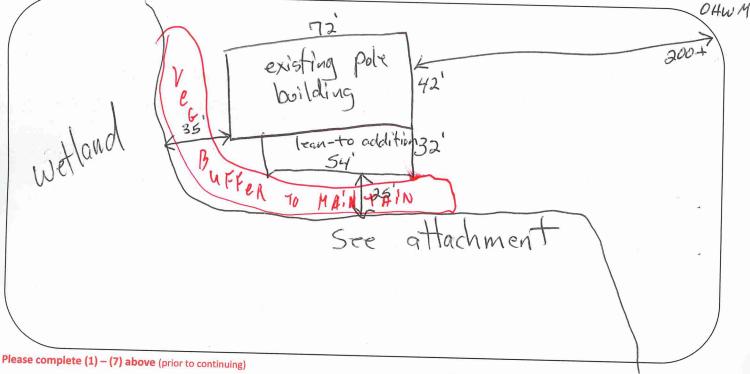
FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which

may be a result of <b>Bayfield County</b> relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with admir above described property at any reasonable time for the purpose of inspection.	istering county ordinances to have access to the
Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  Authorized Agent:	Date 10-23-2018
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  Address to send permit (0173 From LoKer Rd From River, WT 54847	Attach

If you recently purchased the property send your **Recorded Deed** 

box below: Draw or Sketch your Property (regardless of what you are applying for) (1) Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3)Show Location of (\*): (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	ent		Description	Measure	ment
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way  Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	300 + 275+ NA NA 100+ 200+	Feet Feet Feet Feet Feet Feet	Se Se 20	tback from the Lake (ordinary high-water mark) tback from the River, Stream, Creek tback from the Bank or Bluff tback from Wetland % Slope Area on property vation of Floodplain	200 - NA NA NA 25	
Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet or	130 70 NA	Feet Feet Feet		back to <b>Well</b>	11.5	Feet

other previously surveyed corner or marked by a licensed surveyor at the owner's expense. idary line from which the setback must be measured must be visible from one previously surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 18-050)	Permit Date:	n-18		Affidavit Attached Yes No  Case #:		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes  (Deed of Record (Fused/Contiguo	ous Lot(s))	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached		
Granted by Variance (B.O.A.)  Yes No Case #:		Previously Granted by  ☐ Yes ☑ No		· #·		
Yes No		Were Property Line	s Represented by Owner Was Property Surveyed	Yes		
Inspection Record:  Date of Inspection:	Inspected by:			Zoning District Lakes Classification	(R-	/ ) )
Condition(s): Town, Committee or Board Conditions Attack		NI VI		Date of Re-Inspec	tion:	
Condition: No acce habitation / sleepi and UDC permits.	essory building shall be us ng purposes without nec No pressurized water sh	Condition practice erosion properties. Must meet	es shall be implemente or sedimentation of ties or wetlands. Neces e obtained. Restore	onto neighboring ssary UDC permit	lands	12/19/18

city, Village, State or Federal May Also Be Required After-the-Fact

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# **BAYFIELD COUNTY** PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0	507			Issued	d To: <b>Ti</b> i	mothy	/ & Judith I	<b>VicLe</b>	od / N	like Fur	tak.	Agen	t	
Location:	-	1/4	of	-	1/4	Section	20	Township	44	N.	Range		W.	Town of	Darmas
Being a pa	ar in 4		L	ot	1	Blo	ck	Sul	bdivisio	nn.			٧٧.		Barnes
or: Reside	ential Any	Acc	esso e exp	ory	Additions or de	on / Alter	ation:	[4 04-	•		l' x 32') :	= ,72	28 sq.	CSM# ft.]	
						o coopine ne	Would	require addition	nai pern	nitting.					

ng shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks. Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. Restore and maintain 25' vegetative buffer from wetlands and no parking in buffer area (mitigation).

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler** 

Authorized Issuing Official

**December 20, 2018** 

Accessory Building

Municipal Use